

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/594032

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		0				
5		0				
6		0				
7		0				
8		0				
9	1					
10		1				
11		2				
12		0				
13		0				
14		0				
15		0				
16		0				
17	1					
18		1				
19		2				
20		0				
21		0				
22		0				
23		0				
24		0				
25		0				
26		0				
27	1					
28		1				
29		2				
30		0				
31		0				
32		0				
33		0				
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48						
49						
50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	36	←		←		←
TOTAL CLAIMS	40					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						